

# Late Contribution Report

Type or print in ink.  
Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

|                                                         |                                               |                                                                                  |                                              |                                               |                                                                                                                                                                                              |
|---------------------------------------------------------|-----------------------------------------------|----------------------------------------------------------------------------------|----------------------------------------------|-----------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>NAME OF FILER</b><br>LIBERTARIAN PARTY OF CALIFORNIA |                                               |                                                                                  | <b>Date of This Filing</b> <u>03/17/2019</u> | Date Stamp<br><br><br><br><br><br>Page 1 of 2 | <div style="background-color: black; color: white; padding: 5px; font-weight: bold; font-size: 1.2em;">                     CALIFORNIA FORM 497                 </div> For Official Use Only |
| <b>AREA CODE/PHONE NUMBER</b><br>(916)446-1776          | <b>I.D. NUMBER</b> (if applicable)<br>1367692 | <b>Report No.</b> <u>13</u>                                                      |                                              |                                               |                                                                                                                                                                                              |
| <b>STREET ADDRESS</b><br><br>                           |                                               | <input type="checkbox"/> <b>Amendment to Report No.</b> _____<br>(explain below) |                                              |                                               |                                                                                                                                                                                              |
| <b>CITY</b><br>SACRAMENTO                               | <b>STATE</b><br>CA                            | <b>ZIP CODE</b><br>95814                                                         | <b>No. of Pages</b> <u>2</u>                 |                                               |                                                                                                                                                                                              |

## Late Contribution(s) Received

| DATE RECEIVED              | FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE *                                                                                                                                                      | IF AN INDIVIDUAL<br>ENTER OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED |
|----------------------------|--------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|-----------------|
| 03/17/2019 -<br>03/17/2019 | Matthew Shannon<br>Temple City, CA 91780-3429                                                    | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Communication Consultant<br>Matthew Shannon                                                     | \$1,100.00      |
|                            |                                                                                                  | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC            |                                                                                                 |                 |
|                            |                                                                                                  | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC            |                                                                                                 |                 |

### \*Contributor Codes

|                                                   |                                   |
|---------------------------------------------------|-----------------------------------|
| IND - Individual                                  | PTY - Political Party             |
| COM - Recipient Committee (other than PTY or SCC) | SCC - Small Contributor Committee |
| OTH - Other                                       |                                   |

Reason for Amendment:

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| <b>CITY</b><br>SACRAMENTO                               | <b>STATE</b><br>CA                            | <b>ZIP CODE</b><br>95814 | <b>No. of Pages</b> 2                                                            |                                               |                                                     |

## Late Contribution(s) Made

| DATE MADE | FULL NAME, MAILING ADDRESS AND ZIP CODE OF RECIPIENT<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CANDIDATE AND OFFICE<br>OR<br>MEASURE AND JURISDICTION | AMOUNT OF CONTRIBUTION | DATE OF ELECTION<br>(IF APPLICABLE) |
|-----------|------------------------------------------------------------------------------------------------|--------------------------------------------------------|------------------------|-------------------------------------|
|           |                                                                                                |                                                        |                        |                                     |
|           |                                                                                                |                                                        |                        |                                     |
|           |                                                                                                |                                                        |                        |                                     |
|           |                                                                                                |                                                        |                        |                                     |
|           |                                                                                                |                                                        |                        |                                     |

Reason for Amendment: